

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
PRETRIAL SERVICES

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April 25, 2005

Honorable Reginald C. Lindsay
Judge, U.S. District Court
1 Courthouse Way
Boston, MA 02210

RE: KELLY, Kathleen
CR# 04-10333- RCL
Release Status Letter

Dear Judge Lindsay:

This letter is provided to the Court as an update of Ms. Kelly's status while on pretrial release. The Court recalls that Ms. Kelly changed her plea to guilty of Delay of Mail on February 10, 2005. She had been previously released on personal recognizance and no pretrial supervision. The conditions remained the same until Pretrial Services received a report from the U.S. Probation Department following a presentence investigation. During the investigation, a home visit was conducted to Ms. Kelly's residence and the Probation Officer learned that Ms. Kelly was consuming large and frequent amounts of alcohol. Probation Officer Tricia Marcy was concerned about the frequency and amount and conferred with Pretrial Services as to appropriate support services for Ms. Kelly. Pretrial Services in turn requested Your Honor to modify Ms. Kelly's conditions of release to participation in residential drug treatment.

Ms. Kelly reported to Pretrial Services on March 21, 2005 to prepare for her admittance and participation in residential treatment. She had ingested alcohol prior to reporting to Pretrial Services and had been suffering from the beginning of Delirium Tremors. As a result, Ms. Kelly was instructed to report to the emergency room of Falmouth Hospital to be monitored for alcohol withdrawal and would need a medical clearance to enter detoxification at Gosnold.

Ms. Kelly received medical clearance approximately five hours later and was admitted to Gosnold. Ms. Kelly was to participate in the short term program. I received notice from her assigned counselor that Ms. Kelly wanted to leave prematurely from treatment. I met with Ms.

Kelly and her counselor on March 29, 2005. Ms. Kelly expressed to me that she wanted to leave treatment because she missed her daughter and felt that she could treat her alcohol addiction on an outpatient basis. Her counselor indicated that staff recommended she remain in treatment and that she lacked the tools necessary to remain sober in the community at that time. She agreed to remain for another week.

On April 7, 2005, I received a report from Ms. Kelly's counselor indicating that Ms. Kelly again was focused on leaving treatment. The counselor indicated that the recommendation would be to remain in residential treatment. However, Ms. Kelly was so adamant about leaving that her counselor felt that forcing her to remain in treatment would be counter productive.

Ms. Kelly was allowed to be discharged on April 10, 2005. Gosnold prepared an aftercare recovery plan for Ms. Kelly which included a referral to the Carney Hospital Partial Hospitalization Program. Ms. Kelly spoke with this officer prior to her discharge and specifically requested permission to participate in this program instead of Pretrial Services contract service for Intensive Outpatient Treatment at ADCARE Services in Boston.

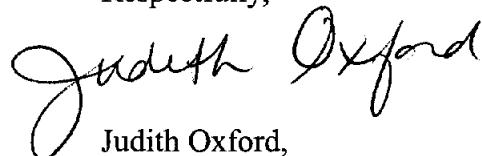
Ms. Kelly began the Carney Hospital program on April 11, 2005. The program contacted Probation Officer Marcy on April 21, 2005 and reported that Ms. Kelly tested positive for benzodiazepines on April 12, 2005 and April 15, 2005. The program also reported a specimen submitted on April 18, 2005 that appeared to have been compromised. It should be noted that drug testing conducted at Carney Hospital is not supervised by staff.

The program indicated that Ms. Kelly's participation in treatment was good during the first week. However, during her second week, she left treatment early on April 19, 2005, failed to report at all on April 20, 2005 and arrived late on April 21, 2005.

Pretrial Services would recommend that Ms. Kelly participate in a structured inpatient program to gain the necessary tools to remain sober in the community. A residential program will allow her the support of other recovering individuals without the distraction that appears to draw her away from her own treatment when she is in the community. Ms. Kelly's alcohol addiction is serious as was clearly observed on the day of her agreed admit to treatment. Her alcohol abuse places herself and others at risk when she is actively using.

The above information is provided for Your Honor's consideration at sentencing.

Respectfully,



Judith Oxford,
Drug/Alcohol Treatment Specialist

cc: Sandra Bower, AUSA
Mel Norris, Esq.
Tricia Marcy, USPO